Author's response to reviews

Title: Translation and validation of the Korean confusion assessment method for the intensive care unit

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Version: 3 Date: 3 April 2011

Author's response to reviews:

Dear Pf. Sabina Alam,

We feel sorry that we might disappoint you and reviewers with our unsatisfactorily revised manuscript entitled as “Translation and validation of the Korean confusion assessment method for the intensive care unit (ID : 1020346906460242)”. We did not understand the reviewer’s comments fully. We apologize for this. Now we have carefully revised the manuscript based on reviewers’ comments.

Reviewer 1.

1. Major Compulsory Revisions

- Feature 1 exclusion

We fully understand your comment about exclusion of feature 1 during the 1st period of the study. The other reviewer also commented that the 1st part was not necessary in this study because of a low interrater reliability and low sensitivity and specificity. We excluded the first period of this study according to your comments in this manuscript. Therefore, feature 1 exclusion would not be a matter any more.

- Psychoactive medication

Two study nurses were not blinded to patients’ medical information. They could have checked the doctor’s order. We have thought that receiving anti-psychotics
could be a bias and affect the assessment of delirium. Therefore, we excluded the patient who had been already diagnosed as delirium before assessment and been prescribed antipsychotics. We added this statement in the section of Methods.

- Missing data

We didn’t have the detailed clinical information about excluded ICU patients. This may be one of limitations in our study. We added this statement in the section of Discussion.

- Time between assessments

We added it in the section of Discussion of revised manuscript as you recommended.

Reviewer 2

1. Regarding Major Compulsory Revision

We understand your concern now. We have excluded the 1st period of this study and revised manuscript as you recommended.

Minor Essential Revisions

2. Regarding the sample

As you commented, some patients had been assessed several times and the data might be correlated and independent. That may be one of limitations in this study. However, we believe that the important character of delirium is fluctuating and so the mental status might have been diverse at each assessment even in the same person. We added this point in the section of Discussion.

3. Regarding the flow chart and number of assessments

We didn’t have the detailed clinical information about excluded ICU patients. We added this limitation in the section of Discussion. However, we added the information about the number of assessments in the section of Results.

We really appreciate your kindness to give us one more chance for revision of our manuscript.

Sincerely yours,

On behalf of all authors,

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